

REQUEST FOR VARIANCE
ZONING BOARD OF APPEALS

CASE NO. _____

1. Name of Applicant _____
2. Address of Applicant _____
3. Location of Request _____
4. Variance Requested (Please be Specific) _____

5. State Reasons For Need Of Variance _____

Applicant's Signature

(To Be Filled In By The Office Of The Building Commissioner)

Adjacent Properties Notified:

1. _____

2. Building Department

Comments: _____

3. No. If Exhibits Attached _____

4. Received For Filing Date: _____

5. Fee Paid: _____

BUILDING COMMISSIONER